

FORM B1 Northern		United States Bankruptcy Court District of Illinois		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Stein, Hal S.		Name of Joint Debtor (Spouse) (Last, First, Middle):																			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																			
Last four digits of Soc. Sec. No./ Complete EIN or other Tax I.D. No. (if more than one, state all): 7100		Last four digits of Soc. Sec. No./ Complete EIN or other Tax I.D. No. (if more than one, state all):																			
Street Address of Debtor (No. & Street, City, State & Zip Code): 1721 Sienna Ct. Wheeling, IL 60091		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																			
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																			
Mailing Address of Joint Debtor (if different from street address):		Mailing Address of Debtor (if different from street address):																			
Location of Principal Assets of Business Debtor (if different from street address above): Cook																					
Information Regarding the Debtor (Check the Applicable Boxes)																					
Venue (Check any applicable box) <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																					
Type of Debtor (Check all boxes that apply) <p><input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Clearing Bank</p>			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>																		
Nature of Debts (Check one box) <p><input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business</p>			Filing Fee (Check one box) <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>																		
Chapter 11 Small Business (Check all boxes that apply) <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101</p> <p><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</p>																					
Statistical/Administrative Information (Estimates only) <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>																					
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-15 <input type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-over																					
THIS SPACE IS FOR COURT USE ONLY																					
Estimated Assets <table border="1"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Voluntary Petition

(This page must be completed and filed in every case)

Document

Name of Debtor(s): Hal S. Stein

Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

1031/86

Date

Signature of Attorney

Signature of Attorney for Debtor(s)

Elliot S. Wiczer

Printed Name of Attorney for Debtor(s)

Wiczer & Zelmar, LLC

Firm Name

500 Skokie Blvd., Ste. 350

Address

Northbrook, IL 60062

847/849-4800,

Telephone Number

10/31/86

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

 Exhibit A is attached and made a part of this petition.
Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

10/31/86

Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c))

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

FORM B6-Cont.
(6/90)

UNITED STATES BANKRUPTCY COURT
NORTHERN _____ District of ILLINOIS

In re Hal S. Stein,
Debtor

Case No. _____
(If known)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	AMOUNTS SCHEDULED		
			ASSETS	LIABILITIES	OTHER
A - Real Property	Y	1	\$0		
B - Personal Property	Y	5	\$167,317		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	1		\$0	
E - Creditors Holding Unsecured Priority Claims	Y	2		\$0	
F - Creditors Holding Unsecured Nonpriority Claims	Y	1		\$600,304	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	1			\$2,668
J - Current Expenditures of Individual Debtor(s)	Y	1			\$2,935
Total Number of Sheets 33 of ALL Schedules ä		15			
		Total Assets ä	\$167,317		
		Total Liabilitiesä		\$600,304	

In re Hal S. Stein,
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
Total				

(Report also on Summary of Schedules.)

In re Hal S. Stein
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	<input type="checkbox"/>	Personal		\$ 200.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	<input type="checkbox"/>	Harris Bank Acct. No. 0000887757		\$ 750.00
3. Security deposits with public utilities, telephone companies, land-lords, and others.	<input checked="" type="checkbox"/>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<input type="checkbox"/>	General Household Furnishings Computer (3 years old) TV (7 years old)		\$1,500 (approx.)

In re Hal S. Stein
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY
CONTINUATION SHEET**

TYPE OF PROPERTY	N O T E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<input type="checkbox"/>	5 Paintings given as a gift		\$50,000 estimated value
6. Wearing apparel.	<input type="checkbox"/>	General wearing apparel		\$0
7. Furs and jewelry.	<input checked="" type="checkbox"/>			
8. Firearms and sports, photo-graphic, and other hobby equipment.	<input checked="" type="checkbox"/>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<input checked="" type="checkbox"/>			

In re Hal S. Stein
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY
CONTINUATION SHEET**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	<input checked="" type="checkbox"/>			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	<input type="checkbox"/>	IRA-Roth No. 217-808799 IRA-Roth No. 217-095512		\$27,864.32 \$12,003.13
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input type="checkbox"/>	Chiro-Med Sports Clinic, Inc., and Illinois Corp., Northbrook, IL		\$75,000.00
13. Interests in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			
14. Government and corporate bonds and other negotiable and non-negotiable instruments.	<input checked="" type="checkbox"/>			
15. Accounts receivable.	<input checked="" type="checkbox"/>			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<input checked="" type="checkbox"/>			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			

In re Hat S. Stein
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY
CONTINUATION SHEET**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
21. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>			
22. Licenses, franchises, and other general intangibles. Give particulars.	<input checked="" type="checkbox"/>			
23. Automobiles, trucks, trailers, and other vehicles and accessories.	<input checked="" type="checkbox"/>			
24. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			
25. Aircraft and accessories.	<input checked="" type="checkbox"/>			
26. Office equipment, furnishings, and supplies.	<input checked="" type="checkbox"/>			
27. Machinery, fixtures, equipment, and supplies used in business.	<input checked="" type="checkbox"/>			
28. Inventory.	<input checked="" type="checkbox"/>			

In re Hal S. Stein
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY
CONTINUATION SHEET**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Animals.	<input checked="" type="checkbox"/>			
30. Crops - growing or harvested. Give particulars.	<input checked="" type="checkbox"/>			
31. Farming equipment and implements.	<input checked="" type="checkbox"/>			
32. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			
33. Other personal property of any kind not already listed. Itemize.	<input checked="" type="checkbox"/>			
		continuation sheets attached	Total ↗	\$167,317.45

(Include amounts from any
continuation
sheets attached. Report total also on
Summary of Schedules.)

In re Hal S. Stein,
DebtorCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Checking Account	735 ILCS 5/12-1001(b)	\$ 750	\$ 750
Furnishings	735 ILCS 5/12-1001(b)	\$ 1,500	\$ 1,500
IRA Roth	735 ILCS 5/12 1006	\$39,500	\$39,500
ChiroMed	735 ILCS 5/12-1001(b)	\$ 2,000	\$ 0

In re Hal S. Stein

Debtor

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account numbers for any account the debtor has with the creditor is useful to the trustee and the creditor and mortgages, deeds of trust, and other security interests. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					

continuation sheets attached

Subtotal ► (Total of this page)	\$
Total ► (Use only on last page)	\$
(Report total also on Summary of Schedules)	

B6E
(12/03)

In re Hal. S. Stein

Debtor

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account numbers for any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

In re Hal S. Stein,

Debtor

Case No.

(if known)

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

* Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

continuation sheets attached

FORM B6F (12/03)

In re Hal S. Stein

Debtor

Case No. _____

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account numbers for any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4003442654676272			Revolving Credit				\$740.00
Capital One Bank PO Box 790216 St. Louis, MO 63179							
ACCOUNT NO. Michael Leppen 1801 Green Bay Rd. Glencoe, IL 60022				X	X	X	\$600,000.00
ACCOUNT NO. Haven Equities c/o Mark Abrams 300 Skokie Blvd., Ste. M Northbrook, IL 60062			Personal Guarantee Lease of Premises 3111 Dundee Road Northbrook, IL	X			\$400,000.00
ACCOUNT NO.							

continuation sheets attached

Subtotal ►	\$
Total ►	\$ 1,000,740.00

(Report also on Summary of Schedules)

In re Hal S. Stein,
Debtor

Case No. _____
(if known) _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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In re Hal S. Stein,
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Hal S. Stein
DebtorCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: Unmarried	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Employment:	DEBTOR	SPOUSE
Occupation	Chiropractor	
Name of Employer	Chiro Med Sports Clinic, Inc.	
How long employed	10 years	
Address of Employer	3111Dundee Rd. Northbrook, IL 60062	

Income: (Estimate of average monthly income) Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	DEBTOR	SPOUSE
Estimated monthly overtime	\$ 4,096	\$ _____
SUBTOTAL	\$ _____	\$ _____
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 1,178	\$ _____
b. Insurance	\$ 250	\$ _____
c. Union dues	\$ 1,428	\$ _____
d. Other (Specify: _____)	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS	\$1,428	\$ _____
TOTAL NET MONTHLY TAKE HOME PAY	\$2,668	\$ _____
Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ _____	\$ _____
Social security or other government assistance (Specify) _____	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Other monthly income (Specify) _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$2,668	\$ _____
TOTAL COMBINED MONTHLY INCOME	\$ _____	

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re Hal S. Stein,
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1,500</u>
Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Utilities Electricity and heating fuel	\$ <u>120</u>
Water and sewer	\$ <u>15</u>
Telephone	\$ <u>50</u>
Other <u>Cable</u>	\$ <u>100</u>
Home maintenance (repairs and upkeep)	\$ <u>50</u>
Food	\$ <u>500</u>
Clothing	\$ <u>100</u>
Laundry and dry cleaning	\$ <u>50</u>
Medical and dental expenses	\$ <u></u>
Transportation (not including car payments)	\$ <u></u>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>50</u>
Charitable contributions	\$ <u></u>
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	\$ <u>50</u>
Life	\$ <u></u>
Health	\$ <u></u>
Auto	\$ <u></u>
Other <u></u>	\$ <u></u>
Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u></u>	\$ <u></u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto	\$ <u>400</u>
Other <u></u>	\$ <u></u>
Other <u></u>	\$ <u></u>
Alimony, maintenance, and support paid to others	\$ <u></u>
Payments for support of additional dependents not living at your home	\$ <u></u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u></u>
Other <u></u>	\$ <u></u>
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	<u>\$ 2,985</u>
[FOR CHAPTER 12 AND 13 DEBTORS ONLY]	
Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.	
A. Total projected monthly income	\$ <u>2,668</u>
B. Total projected monthly expenses	\$ <u>2,985</u>
C. Excess income (A minus B)	\$ <u>(317)</u>
D. Total amount to be paid into plan each _____ (interval)	\$ <u></u>